CLAIMS ONLY

Application Number	Filing Date
10/685886	

Applicant(s)

02-28-06

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			- /			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
8				/		
9				/		
10				/		
11				/		
12				/		
13				/		
14				/		
15				/		
16				/		
17				/		
18				/		
19			1			
20				/		
21				/		
22				/		
23				/		
24			1			
25				/		
26				/		
27				/		
28				/		
29				/		
30				/		
31				/		
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37				/		
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48						
49						
50						
Total Indep			3			
Total Depend			34			
Total Claims			37			

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						